



**SUMMARY REPORT ON THE IMMUNIZATION STATUS
OF STUDENTS ENROLLED IN GRADE 1
SCHOOL YEAR 2002-2003**

State Form 49455 (R4/04-02)
IC 20-8.1-7-11

Include all students enrolled in Grade 1

Name of School Corporation		CODES	
Name of School		County Number	
Address of School		Corporation Number	
City	County	School Number	
ZIP Code	School Telephone Number (Include Area Code)		

1

Each school that has students enrolled in Grade 1 and has a school number listed in the *Indiana School Directory*, published by the Indiana Department of Education, must submit a **separate** report.

Note: Information entered on Lines A-E below must be a number (not a check mark, etc.).

On Line A, enter the **total** number of students enrolled in Grade 1 in your school.

A. _____

On Line B, enter the number of students from Line A above who have completed immunizations. (Refer to the Minimum Immunization Requirements for School Entry document. Students listed in this category need no further follow-up.)

B. _____

EXEMPTIONS (Lines C and D):

On Line C, enter the number of students from Line A above who have a medical contraindication on file. (A physician's signed statement, verified annually, must be on file in your school immunization records.)

C. _____

On Line D, enter the number of students from Line A above who have a religious objection on file. (A signed statement, verified annually by a parent/guardian stating the objection, must be on file in your school immunization records.)

D. _____

On Line E, enter the number of students from Line A above who have **not** completed immunizations *and* who have **no** exemptions on file.

E. _____

Note: If you have entered a number (other than "0") on Line E, you **must** complete Boxes F-N.

Reasons	Record not on file	OR records on file indicate that:	Incomplete DTP/DtaP/DT/Td	Incomplete Polio	Incomplete Hepatitis B	Need First Measles	Need Second Measles	Need Rubella	Need Mumps
	F.		G.	H.	J.	K.	L.	M.	N.

Math Check: Be sure that Lines B + C + D + E = Line A

Return this form to:

Indiana State Department of Health
Immunization Program, 6A
2 North Meridian Street
Indianapolis, Indiana 46204-3003

Signatures:

Superintendent

Prepared by